	EMPLO COVERING JANUARY COVERING JANUARY	YER/PRIM	FC 88, 2008 (E	. 'S EX	(PEND	ITURE	REPORT
-		filling the Executiv byists.	re Lobbying (xpenditure	s onry to be t e Reporting i	file the Lob Med by princ Designation I	bying Expenditure Reports as lipals or employers who have Form and are reporting on behalf
- 1	<u>Hand deliver or mail to</u> : 2415 <i>OR</i> <u>Fax to</u> : (225) 763-8787 or (2		loor, Baton	Rouge, LA	70808		
	EMPLOYER/PRINCIPAL Ast BUSINESS ADDRESS 1800 Co				on, Delews		FOR OFFICE USE ONLY, Postmark Date: 28/11/0
		and No.		ty	State	Zip	,
	MAILING ADDRESS_Same at					-	
	-	end No.	Ci	ty	State	Zip.	2064.006
3.	CONTACT PERSON: Flish		An	nber		K.	306 129 9
	Last		Firs	-		MI	1
		h Summit Street,	Suite 100	Akron,	Ohio	44308	
		and No.	Cir	ty	\$tate	Zlp	
5.	PHONE NUMBER (330) 761-9	9960 					
		Area Code and Pho					
6	List the names and executive lol	क्रेप्रोध registration	numbers of t	he lobbylst	is on whose i	behalf this re	port is filed:
	1) Name; Barnett		Stepha				EC.ID.# 212
	Last		First			EX	EU-10.#
	2) Name: Berrow		Patricia			L. 53	FA 10 211
	Lest		First			" EX M I	EC.ID.#_211
3	3) Name: Bauer		Schelbig	9		A EV	to 10 11 217
	Lpst		First	·		MI EXI	EC.ID.# 217

c. Total of all executive lobbying e (Line 'a" added to Line "b" should COMPLETE AN ATTACHMENT FO I hereby certify that the i knowledge, information a has been deliberately ami	equal tures from schedules A and B) Expanditures made during calendar year lequal Line "c") RM for each of your registered executi CERTIFICATION OF ACCI Information contained herein is truined belief; and that no information	ve lobbyists. URACY Se and correct to a required by LS.	the best of my A-R.\$. 49:71 et seq.
c. Total of all executive lobbying e (Line 'a" added to Line "b" should COMPLETE AN ATTACHMENT FO I hereby certify that the i knowledge, information a has been deliberately ami	equal times from schedules A and B) Expanditures made during calendar year legual Line "c") RM for each of your registered execution CERTIFICATION OF ACCION of ACCION and belief; and that no information tited. Esture continued on following pages	ve lobbyists. URACY Se and correct to a required by LS.	the best of my A-R.\$. 49:71 et seq.
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all expanditures during the July 1 - I the principal/employer in a calendar	e total of all expenditures during the Ja December 31 reporting period when a riyear.	nuary 1 - June 30 r pplicable; (c) the ag	eporting period; (b) the aggregat ggregate total of all expanditures
PROVIDE BELOW: (a) the appreciate	First	IM.	
10) Name: Burleigh	Julia	G	EXEC.ID.# 203
Last Studolele	First	Mt .	EXEC.ID.# 221
9] Name: Braun	Amy	N.	FUEA ID - 221
Last	First	<u>M.</u> Mi	EXEC.ID.# 195
8) Name: Braud	First Jeffrey	WI	·
7) Name: Bonin		<u>B.</u>	EXEC.ID.# 199
Last	First		
6) Name:_Blistan	<u>Beih</u>	М.	EXEC.ID.# 230
m M. Blieten	First	— — A. MI	EXEC.ID.# 271
Last Blieten	Kelth		
	First	MI	

Form508, Rev. 7/04

Page 2 of <u>249</u>

4) Name: Campo	Steven	M,	
Last	Fürst	M ,	EXEC.ID.# 205
5) Name: Cantrelle	Kevin		
l.ast	First	<u> M.</u> _	EXEC.ID.# 315
6) Name: Capiel	David		_
Last		<u>M.</u> _ M!	EXEC.ID.# 207
7) Name: Carter		INI	
Last	<u>Susan</u>	<u>T.</u>	EXEC.ID.# 220
8) Name:_Cordell		MI	
Last		<u> </u>	EXEC.ID.# 270
Chrun	rest	МІ	
9) Name: <u>Cyrus</u> Last	<u></u> <u>Kam</u> y		EXECUID.s 216
Dom-II O	First	MI	
10) Name: Damall, Sr.	Robert	C.	EXEC.ID.# 233
	First Ogregate total of all expenditures during the January Uy 1 - December 31 reporting period, when english	МІ	·— ·— ·
c. Total of all executive lobb (Line 'a' added to Line 'b'	bying expanditures made July 1 through December and expanditures from Schedules A and e)	s	
	CERTIFICATION OF ACCURAG	CY	
i hereby certify tha knowledge, informa has been deliberate	it the information contained herein is true and ation and belief; and that no information requ ly omitted.	d correct to vired by LS/	the best of my A-R.S. 49:71 et seq.
	Signature continued on following pages		
	Signature of Employer/Principal or Rep	 resentative	
	Print or Type Full Name	- · -	

Total of all executive lobbying (When Applicable) (Include ex. Total of all executive lobbying (Line 'a" added to Line 'b" should PLETE AN ATTACHMENT for I hereby certify that the knowledge, information has been deliberately or information in the content of the	expenditures made July 1 through December penditures from Schedules A and 8) expenditures made during calendar year: d equal Line "c") ORM for each of your registered executive CERTIFICATION OF ACCUL information contained herein is true and belief; and that no information	\$s lobbylsts. RACY and correct to required by LS	the best of my A-R.S. 49:71 et seq.
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(Include expenditures from Sele	was at ann of		
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expenditures during the July 1 - principal/employer in a calenda	ite total of all expenditures during the Janu December 31 reporting period when app or year.	eary 1 - June 30 m Nable: (c) the ag	eporting period; (b) the a gregate total of all expe
	First	MI	
Name: Hebert	Mark	_A	EXEC.ID.# 210
Lasu	First	— · <u> </u>	EXEC.ID.# 215
Name: Helf	Allison	с.	EVEO 15 21E
Last	First	· W	EXEC.ID.# 228
Name: Guerriero	Luke	MI	
Last	: Charles	E	EXEC.ID.# 200
Name: George	First	M	
Name; Fowler	<u>Lisa</u>	L.	EXEC.ID.# 235
e. Faule-	First	MI	
2031	— — — <u> </u>		EXEC.ID.# 214
Name: Finley	Bart		
Name <u>: Finley</u>	First Bart	MI	EXEC.ID.# 234

b. Total of all executive to (When Applicable) (In c. Total of all executive to (Line "s" added to Line "COMPLETE AN ATTACHM	bbying expanditures made July 1 through Decamiclude expanditures from Schadules A and B) abying expanditures made during calendar year: "b" should equal Line "c") SENT FORM for each of your registered executive CERTIFICATION OF ACCUIT nat the information contained fibrein is true mation and belief; and that no information of	\$ Hobbylsts. RACY and correct to required by LS	the best of my A-R.S. 49:71 et seq.
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Last	First	MI	EXEC.ID.#227
10) Name: Manguno	Rebecca	м.	*vro.in 227
Last			EXEC.ID.# 198
9) Name: Liles	First	Mi	—— —
8) Name: Kleinpeter	Stephen	<u>M</u>	EXEC.ID.# 225
Last	First	МІ	
7) Name: Humphries	Judi	P.	EXEC.ID.# 249
Last	First		EXEC.IO.#_243
6) Name: Hull	Dennis	R.	5950 to 4 248
Last	First	N I	EXEC.ID.# 219
	Ashley	Α.	P46
5) Name: Hohorst	First	 Mi	EXEC.ID.# 244
Last 5) Name: Hohorst		R.	

COMPLETE AN ATTACHME	should equal Line "c") INT FORM for each of your registered executive CERTIFICATION OF ACCUE It the information contained herein is true ation and belief; and that go information re-	RACY and correct to required by LS	o the best of my A-R.S. 49:71 et seq.
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Lest	First	MI	
10) Name: Smith	Clark	E.	EXEC.ID.# 250
Last	First	: <u>C.</u> MI	EXEC.ID.# 231
9) Name: Sins	Amy	MI	
8) Name: Slivica			EXEC.ID.# 213
	First	МІ	
7) Name: Seay	Nicholas	H.	EXEC.ID.# 314
Last	First		
8) Name: Rossie		3 .	EXEC.10.# 206
	First	WI	EXEC.(D.)
Last	Jennifer		EXEC.ID.#_202
5) Name: Rareshide Last	First	<u>L.</u>	EXEC.ID.# 196

Name: Tergerson	Michael	_D.	EXEC.(D.# 241
Lest	Michael	<u>D.</u> Mi	EXEC.(D.#_241
7] Name: Townson	Jennifer	L	
Last	First	- <u>-</u>	EXEC.ID.# 209
8) Name: Triplett	David	W.	
Last	First		EXEC.ID.# 224
I) Name: Usie	Kenneth		
Last	First	— <u>uı</u>	EXEC.(D.# 223
0) Name: Viator	Lori	1	
	First	· -	EXEC.ID.# 222
he principal/employer in a calenda a. Total of all executive (obbying of (Include expenditures from Sche	te total of all expanditures during the January 1 - December 31 reporting period when applicable; I year. Expenditures made January 1 through June 30: dules A and 8)	(c) the ag	eporting pariod; (b) the aggregate total of all expendit
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4)	Name:	Stephan	E.	***
	Last	- First	— M1	EXEC.ID.# 232
5)	Name: Zaunbrecher	Therese		
	Last		<u>м</u>	EXEC.ID.#_204
Б	Name: Rosenau	PI		
٠,	Last	Samuel	¢	EXEC.ID.#_362
71	Name: Schifer		MI	
"	Name:	J <u>ulie</u>		EXEC.ID.#
	—-	First	MI	
8)	Name: N/A			EXEC.ID.#
	Last	First	MI	EXECUID.#
9)	Name:N/A			
	Lest	First	Mt	EXEC. D.#
10)	Name: N/A			
	Last		<u>MI</u>	EXEC.ID.#
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	I heraby certify that ti	CERTIFICATION OF ACCURACY he information contained herein is true and co		the best of my A-R.S. 49:71 et seq.
	-	Signature of Emphoyeo/Prior/pal or Represent	/	
	_	Print or Type Full Name		
				

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Form\$08, Rpv. 7/04

EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL 'S EXPENDITURE REPORT ÁTTACHMENT

This Attachment is to be used to complete Item #8 of Form 508, the report form for principals and employers who have elected to report on helialf of their executive lobbyists. Make as many copies of this form as needed for the completion of the expenditure report, identify each page with a number and indicate the total number of pages being submitted.

1) LOBBYIST	r: McAllister	Charle	86		E.		EXEC ID	208		
	Last	First			MI		EXEC 1D			
A.	Total of all executiv	e lobbying expenditure notude expenditures from	es made Ja Schediules	huary T through A and B)	ı June 3	Ó: \$	336.24			
	Total of all executive lobbying expenditures made July 1 through December 31: (When Applicable) [Include expenditures from Schedules A and B)									
	Total of all executive (A	e lobbying expenditure adding above expenditure	s made du Ines shou	ming calendar y Id equal this total	éd r: .)	s	336.24			
В.	Did this lobbyist ma	ika an expenditure exce	eding \$50	l on one occasio	n for an	executi	ve branch (official:		
		ary 1 through June 30? 1 through December 31		Yes Yes		No No	Ø	NA		
	If the answer to eith	er question in B above	is YES, co	mplete Schedul	e A and	attach.				
Ç.	Did this lobbyist ma	ike expendituras exceed	ding the su	ım of \$250 for a	n execu	tive bra	nch official:	:		
	From January 1 thro From July 1 through		Ye₄ ☐ Yes ☐		No ⊉ No□		NA 🗹			
	If the answer to oill	ter question in C above	is YES, o	omplete Schedu	le A and	i ettach.				
D.	Did this lobbyist exp executive branch off	end funds for any rece ficials were invited duri	ption, soci ing this re	ial gathering, or porting period?	other f	unction	to which m	ore tha	n twe	mty-five
		Yes 🗌	No	Ø						
	If the enswer to Dat	nove is YES, complete S	Schedule B	3 and attach.						14 12

PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (a aggregate total of all expenditures attributable to the department, made by this lobbyist during the January 1 - Ju reporting period; (c) the aggregate total of all expenditures attributable to the department, made by this lobbyist of the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made by lobbyist in a calendar year attributable to the department.						
1)	a. Name of Department: Department of Education					
	b. Total of all expenditures made January 1 through June 30:	\$_168.12				
	 Total of all expanditures made July 1 through December 31: (When applicable) 	s_N/A				
	d. Total of all expenditures made during the calendar year:	ş <u>168.12</u>				
2)	a. Name of Department: Department of Health and Hospital	5				
	b. Total of all expenditures made January 1 through June 30:	s_168.12				
	 Total of all expenditures made July 1 through December 31: (When applicable) 	\$_N/A				
	d. Total of all expenditures made during the calendar year:	\$				
3)	a. Name of Department: N/A					
	b. Total of all expenditures made January 1 through June 30:	\$				
	 Total of all expenditures made July 1 through December 31: (When applicable) 	\$				
	d. Total of all expenditures made during the calendar year:	\$_0.00				
4)	a. Name of Department: N/A					
	b. Total of all expenditures made January 1 through June 30:	s				
	 c. Total of all expenditures made July 1 through December 31: (When applicable) 	\$				
	d. Total of all expenditures made during the calendar year:	s_ 0. 0 0				

Jai Joi	nuary 1 bbylst di	BELOW (a) the name of the executive branch department an nedule; (b) the aggregate total of all expenditures attributable to lune 30 reporting period; (c) the aggregate total of all expenduring the July 1 • December 31 reporting period when applicants follows: in a calendar year attributable to the agency.	o the agency made by this lobbyist during the
1)	8.	Name of Department and Individual Agency: Department	of Education,
		Louisiana State University Health Sciences Center	
	b.	Total of all expenditures made January 1 through June 30:	\$_168.12
	¢.	Total of all expenditures made July 1 through December 37: (When applicable)	§_N/A
	d.	Total of all expenditures made during the calendar year:	<u>s168.12</u>
2)	à.	Name of Department and Individual Agency: Department Shreveport Mental Health Center	of Health and Hospitals,
	b.	Total of all expenditures made January 1 through June 30:	ş 168.12
	G.	Total of all expenditures made July 1 through December 31: (When applicable)	sN/A
	d.	Total of all expenditures made during the celendar year:	ş <u>168.12</u>
3)	8.	Name of Department and Individual Agency: N/A	
	ь.	Total of all expenditures made January 1 through June 30;	<u> </u>
	c.	Total of all expenditures made July 1 through December 31: (When applicable)	s
	d.	Total of all expenditures made during the calendar year.	\$
4)	B. [Name of Department and Individual Agency: N/A	<u> </u>
	b. 1	Fotal of all expenditures made January 1 through June 30:	\$
	c. 1	otal of all expenditures made July 1 through December 31: (When applicable)	\$_
Form 508, Rev.		otal of all expenditures made during the calendar year: Page 110 of 249	\$_0.00

Executive Lobbyist:	cAllister Charles	_	E.	Exec. (d #:	208
	et First		MI		
SCHEDULE A	A: EXPENDITURES F	OR EXECUTIV	F RD	ANCH OF	TICIALC
This schedule must be complete executive lobbyists made either exceeding \$250 for any one exe expenditure(s) and the appropria	d if, during the period January 1 through a) an expenditure for any executive by scutive branch official during a report brought of expenditures made on that in the dule A if one is required. NOTE: D.	igh June 30 or the period Ju anch official exceeding \$50 iting period, then you mus	uly 1 thro I on any c t provide	rugh December 3 one occasion or b) the name of the	i, one of your registered aggregate expenditures lobbylet who made the
1. EXECUTIVE OFFICIAL'S NAME	Z. OFFICIAL'S AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$50 BETWEEN JANUARY 1 AND JUNE 30	EXPENSION AND SPENT ONE DO MADE SEXCERT	DUNT OF DITURES MADE OFFICIAL FOR LYOU EITHER OVER \$50 ON CASION OR EXPENDITURES DING \$250 EN JULY 1 AND BER 31	5. TOTAL OF COLUMNS 3 AND 4
ale Hagen	Shreveport Mental Health Center	\$84.06		<u> </u>	\$84.06
oslie Kirkland	Shrevaport Mental Health Center	\$84.06	_		\$84.08
ank Walson	Louisiana State University Health Sciences Center	\$84.06			\$84.06
arry Willis	Louislane State University Health Sciences Center	\$B4.06			\$84.00
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